DOCUMENT RESUME

ED 153 730 PS 009 893

TITLE	Status of the Home-Based Effort Within Head Start.
INSTITUTION	Children First, Inc., Washington, D.C.
SPONS AGENCY	Administration for Children, Youth, and Families (DHEW), Washington, D.C.
PUB DATE	Jun 77
CONTRACT	HEW-105-76-1157
NOTE	60p.
EDRS PRICE	MF-$0.83 HC-$3.50 Plus Postage.
DESCRIPTORS	*Data Collection; *Demonstration Programs; *Early Childhood Education; Field Interviews; Guidelines; *Home Programs; Home Visits; *National Surveys; Program Descriptions; Program Effectiveness; *Program Evaluation; Program Improvement; Training
IDENTIFIERS	*Project Head Start

ABSTRACT

This status report is an attempt to provide a comprehensive picture of Head Start home-based programs which aimed at helping parents provide children with the same kinds of activities and support in their own homes that children would receive in any quality child development center. Data was collected through: (1) Children (1st) First, Inc.'s telephone survey of 56 home-based programs, and (2) 20 site visits (two to three days each) to selected Head Start home-based programs conducted by CFI staff and consultants. Survey findings, as well as insights, conclusions, and recommendations based on these findings and input from national and regional Office of Child Development (OCD) staff members, site visitors, consultants and the staffs of the Home Start Training Centers (HSTC) comprise the report. Appendices include lists of Home Start Training Centers; Head Start site visit consultants; home-based programs visited; and examples of the forms used in the survey. (CM)

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ED153730

STATUS OF THE HOME-BASED EFFORT WITHIN HEAD START

June, 1977

Conducted for:

Office of Child Development*
Office of Human Development*
U.S. Department of Health, Education and Welfare
Contract No. HEW-105-76-1157

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* As part of the reorganization of the Office of Human Development-- now the Office of Human Development Services-- the name of the Office of Child Development was changed in July 1977 to the Administration for Children, Youth and Families.

PS 009893

CONTENTS

	Page
ACKNOWLEDGEMENTS	iii
EXECUTIVE SUMMARY	1
Study purpose and Scope	1
Data Sources and Study Design	1
Major Study Results	2
Major Study Recommendations	3
INTRODUCTION AND PROGRAM OVERVIEW	5
From Demonstration to Dissemination	5
PART I: TELEPHONE SURVEY	8
Survey Methodology	8
Survey Results	9
PART II: SITE VISITS	12
Survey Methodology	12
Site Visit Results	13
Program Background	13
Program Profiles	20
Program Changes and Suggestions	25
Texas Migrant Council Programs	27
PART III: INSIGHTS ON HOME-BASED PROGRAM STRENGTHS AND NEEDS	29
Common Strengths of Head Start Home-Based Programs	30
Program Weaknesses	30
Reasons Programs Adopt the Home-Based Approach	31
Key Training Issues and Needs of Home-Based Programs	31
Administration and Supervision Training Needs	32
Key Issues in Supervision and Home Visitor Support	33
A Summary of Perceived Major Needs of Home-Based Programs	34

Page

PART IV: CONCLUSIONS AND RECOMMENDATIONS 35

Conclusions 35

Recommendations for Improving the Delivery of Home-Based Head Start Services 36

Training Recommendations for Home-Based Programs 36

Administration and Supervision Recommendations for Home-Based Programs 37

Policy Recommendations for Home-Based Programs 37

APPENDICES

A. Home Start Training Centers

B. Home-Based Programs by OCD Region

C. Form Sent to OCD Regional Offices

D. Site Visit Tool / Head Start Home-Based Option

E. Names and Addresses of Home-Based Programs Visited

F. Head Start Site Visit Consultants

ACKNOWLEDGEMENTS

This report would not have been possible without the significant contributions of numerous people involved in the home-based effort within Head Start. Several of these individuals deserve special recognition for their assistance, cooperation, and support throughout the course of the project.

Dr. (Ruth) Ann O'Keefe, National Director of Home Start and the Child and Family Resource Program, under whose guidance and direction this project was carried out, contributed her time and energies to the successful completion of the study and development of this report.

Children (1st) First, Inc. also drew upon the considerable home-based expertise of several site visitor/consultants in gathering the data reported herein. They were: Mr. Arnoldo Benevides, Mr. Jim Brudney, Ms. Coretha Collins, Dr. Allana Elovson, Dr. William Locke, Ms. Berdine Maginnis, Ms. Barbara Providence, Ms. Paulette Spicer and Mr. Danny Wilks.

We also want to acknowledge the staff, parents and children of the nineteen Head Start programs visited, whose cooperation, patience and assistance enabled us to gather much of the data for this report. These contributing programs were: Benton-Franklin Head Start, Richland, Washington; Inter County Community Council, Oklee, Minnesota; Head Start Child Development Corporation, Omaha, Nebraska; Southeast Kansas Community Program, Inc., Girard, Kansas; E.O.C. of Yolo County Head Start, Woodland, California; Dallas County Community Action Committee, Inc., Dallas, Texas; Rockford Area Community Action Association, Rockford, Illinois; Huntington West Virginia Head Start, Huntington, West Virginia; Northwest Tennessee Economic Development Council, Union City, Tennessee, Wilmington Delaware Head Start, Wilmington, Delaware; Douglas Cherokee, Alcoa, Tennessee; Top of Alabama Regional Educational Service Agency, Huntsville, Alabama; Dane County Parent Council, Inc., Madison, Wisconsin; Community Action Council of Snohomish County, Everett, Washington; Broome County Head Start, Binghamton, New York; P.E.A.C.E. Inc. (Head Start Program), Syracuse, New York; Weslasco Head Start Center, Weslasco, Texas; San Benito Head Start Center, San Benito, Texas; and Edcouch Head Start Center, Edcouch, Texas. (See Appendix E for detailed listing.)

The staff of all six Home Start Training Centers (see Appendix A) made valuable contributions to this study, as did many regional office staff. Florence Seguin, Training Specialist for CFI, also provided insights and suggestions based on her many years of experience with the home-based effort that enhanced the value of this report.

Finally, a special note of thanks to Jan McClurg, Publications Director for NAEYC for her superb editorial assistance and Coni Smith, CFI Program Assistant for her many contributions including telephone interviews of programs and the clerical coordination of this report.

We are indebted to all of these people and many more who contributed in their own unique way to the completion of this report. We hope that the information provided herein will prove useful to all of those whose goal is to enhance the quality of home-based services to children and families everywhere.

Faye E. Coleman
Project Director
Children (1st) First, Inc.

June, 1977

EXECUTIVE SUMMARY

Study Purpose and Scope

Favorable findings concerning the Office of Child Development's[1] National Home Start Demonstration Program[2] resulted in increased interest by Head Start programs nationwide in implementing the Home Start concept. As a three year demonstration program (1972-1975), Home Start effectively illustrated that a child's home-- and the people in it-- could provide an appropriate setting for the delivery of comprehensive child development services.

The enthusiastic interest in the Home Start concept, both within and outside of Head Start programs, coupled with many requests for training and home-based curriculum materials, led the Office of Child Development (OCD) to fund six Home Start Training Centers (HSTCs) in July 1975, to provide comprehensive home-based training to Head Start and other child development programs.

During the second year of operation for the six HSTCs, OCD expressed the need for a more in-depth picture of the National Head Start Home-Based Effort. Increased knowledge of the nature and scope of the home-based programs could assist the HSTCs, as well as the National and Regional OCD offices, in better meeting the needs of the nation's home-based programs.

This status report, developed by Children (1st) First, Inc. under contract with the Office of Child Development, is an attempt to provide a comprehensive picture of Head Start home-based programs. Charged with the task of finding answers to many crucial questions concerning the National Head Start Home-Based Effort, (see pages 6&7), Children (1st) First, Inc. (CFI) launched a three-pronged, six month study of the home-based programs in operation during 1976-77 within Head Start. These findings comprise the body of this report.

Data Sources and Study Design

The results and implications cited herein are drawn from four primary sources of information:

1) CFI's telephone survey of fifty-six home-based programs identified from the OCD report Full Year Programs (1976): Survey of Head Start Handicapped Effort. The follow-up telephone survey results comprise Part I of this report.

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[1]On July 26, 1977 the Office of Child Development (OCD) was renamed the Administration for Children, Youth and Families (ACYF). All references to OCD in this paper refer to the current ACYF.

[2]National Home StartEvaluation: Final Report, Findings and Implications, March 1976. Available from Home Start, ACYF, P.O. Box 1182, Washington, D.C. 20013

2) Twenty two to three day long site visits to selected Head Start home-based programs around the country conducted by CFI staff and consultants. These findings comprise Part II of this report.

3) In-depth communications with staff from the HSTCs and OCD Regional office staff as well as site visitors and consultants who work closely with home-based programs. Insights gained from these discussions are reflected in Part III of this report.

4) The National Home Start Director, the National Home Start contractual technical assistance and support staff, as well as those of the site visitors who participated in this study, all of whom have had extensive experience with home-based programs. Conclusions and recommendations based on their knowledge and perceptions are presented in Part IV.

The methodologies used for the initial telephone survey and the on-site data collection effort are outlined in Parts I and II of this report. It is important to note here, however, that the preliminary telephone survey and the first phase of the site visit data collection effort were conducted simultaneously. The telephone survey took place between September 29 and October 30, 1976, while the site selection process for the twenty site visits to Head Start home-based programs began in August 1976. The consultant arrangements for these visits were finalized in October 1976, and the site visits were conducted between November 8, 1976, and February 17, 1977.

Major Study Results

Some of the major findings of this study are listed below. Details and additional findings are contained in the body of the report.

- At least 283 Head Start programs in the United States were operating some type of home-based effort.
- During 1976-77, 12,179 children were being served in home-based Head Start programs throughout the country.
- The majority of home-based options within Head Start programs had been in operation from two to three years at the time surveyed.
- Geographic isolation of families and related transportation problems, parental choice, and special needs of families and children were three of the most frequently cited reasons for adopting the home-based approach. These three considerations also constituted the most frequently cited criteria programs used in selecting families for participation in the home-based option.
- The three HEW regions with the largest numbers of home-based

Head Start programs at the time of the study, were:

Region IV -- Alabama, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Florida, Tennessee

Region V -- Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin

Region VI -- Arkansas, Louisiana, New Mexico, Oklahoma, Texas,

- The majority of home-based programs served children between three and five years of age. However, the number of programs serving younger children in the home-based option is increasing.

- Although most programs studied conducted needs assessments prior to adopting the home-based option, the assessments varied greatly in depth and format, indicating the need for assistance to Head Start programs in conducting such assissments.

- Staff members in the majority (88 percent) of the sixteen programs studied in-depth made weekly home visits. These visits generally ranged in length from 30 to 90 minutes.

- The majority of home-based rpograms provided children with regular group experiences for socialization purposes in a Head Start center, in addition to their weekly home visits.

The three most pressing problems home-based programs see themselves faced with in operating the home-based option were:

1) Inadequate funding which resulted in understaffing; oversize caseloads for home visitors were frequent.

2) Lack of adequate supervision for home visitors.

3) Need for more staff training in home-based implementation.

- Training for home-based programs varied greatly and often was not comprehensive enough to meet the total needs of home-based Head Start staff. Only 31 percent of the sixteen home-based programs studied in-depth had received training from any of the six Home Start Training centers.

Major Study Recommendations

- Head Start programs should be required or at least strongly encouraged to obtain comprehensive home-based training for home visitors and administrators at a Home Start Training Center prior to the implementation of the home-based option.

- Supervisors and administrators should be required to attend pre-service and in-service training sessions at an HSTC with the home visitor staff.

- At least 20 percent of home-based staff time (one day per week) should be set aside by home-based programs for staff in-service training and support, to help reinforce the parent focus of the program.

- Home-based program staff should be required to receive pre-service training prior to each program year to help avoid mid-stream program changes.

- Strengthening the support system throughout the Head Start agency, particularly in the area of continual in-service training and use of specialists would lead to improved home-based program services.

- Administrators and supervisors should be thoroughly trained in the home-based philosophy and implementation to ensure an effective home-based program.

- Administrators should strive to assure the parent focus of home-based programs through regular and frequent supervision of home visits.

- Home-based administrators should guide and support home visitors on a continual basis to help prevent staff "burn-out".

- Home-based staff should be included in all phases of planning for the implementation of the home-based option.

- There should be written guidelines for home-based programs included in the Head Start Performance Standards. Specific home-based requirements should be identified in the Self-Assessment Validation Instrument used in Consolidated Management Reviews of Head Start Programs.

- Increased funding for additional HSTC staff would enable HSTCs to do more initial home-based training at the local program sites, and more follow-up training once trainees have returned to their programs.

- A competency-based Child Development Associate type credential, designed for home-based staff, would help document the specific qualifications and expectations of home visitors (i.e., parent-focused, adult educators), and would help ensure well qualified home-based staff.

INTRODUCTION AND PROGRAM OVERVIEW

When the Office of Child Development initiated the Home Start Demonstration Program in 1972, it was with the knowledge that many home-based child development programs had been operating on a small scale for a number of years. These early home-based programs functioned on the concept that parents are the first, and perhaps most influential educators and developers of their children. The aim of these programs was to help parents provide for their children, in their own homes, the same kinds of activities and support that children generally receive in any quality child development center.

The Home Start Demonstration Program operated in sixteen Head Start sites throughout the country from 1972 to 1975. Rooted firmly in the experiences of prior home-based efforts, the Home Start Program was the first large-scale demonstration of a comprehensive home-based child development program. Home Start shared with Head Start programs the same comprehensive approach to providing multiple services to preschool age children from low-income families, including health, education, social services, and parent involvement. Unlike Head Start center-based programs, however, Home Start aimed to involve parents as the major means of carrying out the program, whereas center-based Head Start programs involve parents as one way of helping children.

During the Home Start Demonstration years the number of home-based or parent-focused programs continued to grow. While many of these programs were under OCD auspices, others were developed and sponsored by organizations such as churches, social service agencies, and public school systems.

By the time the Home Start Demonstration Program ended in June 1975, the home-based approach had captured the interest and enthusiasm of a large and ever-increasing segment of the child development community, both within and outside of Head Start.

From Demonstration to Dissemination

The enthusiastic response to Home Start, coupled with the desire to help meet the growing demand for comprehensive, home-based, early childhood training, led the Office of Child Development to fund six Home Start Training Centers (HSTCs) in June, 1975 to provide training for home-based personnel to Head Start and other child development programs. Field-based, experience-oriented training is offered by HSTCs in such areas as enhancing the role of parents in home-based programs, the role and skills of home visitors, developing and using appropriate curriculum materials, managing and supervising programs and staff.

The six HSTCs located throughout the country[3] train Head Start personnel in their region or regional cluster area. Since their inception the HSTCs and the Office of Child Development have noted Head Start programs are increasingly

[3]See Appendix A for names and addresses of the six Home Start Training Centers.

becoming home-based or are adopting a home-based option. The training and support needs of these programs differ, depending on their size, length of home-based operation, program variations used, geographic location and many other factors.

Since no two home-based programs are exactly alike, background information about the design and make-up of the HSTC trainees' home programs is necessary if satisfactory training is to be provided. Although the six HSTCs trained in full week sessions approximately 2,789 trainees (most of whom are from Head Start home-based programs) during their first two years of operation, they share with the staff of the National and Regional Offices of Child Development the continuing need for clear, in-depth knowledge of the nature and scope of the overall home-based effort within Head Start. Such knowledge will not only benefit the HSTCs as they continue to provide high quality, individualized, comprehensive training to the nation's Head Start home-based programs, but will also assist OCD at the National and Regional levels in the development of policy and support that can positively affect these programs.

The Office of Child Development thus asked Children (1st) First, Inc., (CFI) to develop a status report on the home-based effort within Head Start. The report was to provide a comprehensive picture of the 1976-77 Head Start home-based operations by answering the following crucial questions:

- Approximately how many Head Start programs were operating home-based options during 1976-77? Where were these programs located? In what regions were they most heavily concentrated?
- Approximately how many Head Start children were being served in these home-based programs?
- What were some of the major reasons Head Start programs adopted the home-based model?
- What kinds of children and families were being served by the home-based programs? (e.g. rural? urban? handicapped children? infant/toddlers? preschoolers?)
- What did the home-based program personnel see as their program's major needs?
- What were the key training issues or needs of Head Start home-based programs?
- What kinds of program variations were being used by the Head Start programs that chose home-based options?
- What kinds of home visits were being made in these programs? (length, frequency, nature, etc.)
- What type of supervision was being provided to home visitors?

- What were some common strengths that tended to emerge in home-based programs?

- What were some general areas of need that seemed apparent among home-based programs?

This report includes the results of two data collection efforts (Parts I and II), as well as insights (Part III) and conclusions and recommendations (Part IV) based on these survey findings, input from national and Regional OCD staff members, site visitors, consultants and the staffs of the HSTCs.

PART I: TELEPHONE SURVEY

Survey Methodology

The telephone survey results reported here were derived from a random sample of Head Start programs identified in a 1976 OCD study designed to determine the extent to which Head Start services were being provided to handicapped children. This earlier study, conducted on a nationwide basis, surveyed all full year Head Start grantee and delegate agencies, and included the following questions about home-based programs:[4]

2b. Do you operate home-based programs in your current program?

☐ no

☐ Yes

3. What is the total number of children enrolled in your current program?

_____ Total number of children enrolled (both handicapped and nonhandicapped)

(a) _____ Total number of children enrolled (both handicapped and nonhandicapped) in center programs.

(b) _____ Total number of children enrolled (both handicapped and nonhandicapped) in home-based programs

This OCD survey revealed the following key data concerning the national Head Start home-based effort (in the summer of 1976):[5]

1) There were 283 Head Start programs in the country operating home-based programs.

2) There were 12,179 children enrolled in the home-based component within these 283 programs.

The many implications evident from this initial survey led to the development of a follow-up telephone survey designed to obtain a more complete picture of the home-based effort within Head Start programs. At the direction of the OCD project officer, and with the advice of an evaluation specialist,

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[4]Home-based program was not defined in the Full Year Programs (1976): Survey of Head Start Handicapped Effort survey. In order to be officially designated a home-based option, however, a program must adhere to the home-based criteria outlined in the OCD options policy N-30-334-1, issued in August 1972.

[5]See Appendix B for details.

Children (1st) First, Inc. selected a random sample of fifty-six programs for further contact.

Telephone calls were made to these fifty-six programs between September 29 and October 30, 1976. Fifty-five calls were completed; one telephone number was temporarily out of service. Nine of the sample programs reported that they were not operating a home-based program. While two of these had been operating a home-based program at the time of the original survey, the other seven programs indicated that some error had been made.

Results reported here, therefore, are based on a sample of forty-six programs. One of these programs was not asked questions numbered 2, 4, 6, and 7; forty-five responses are recorded for these questions, which are indicated by an asterisk (*).

Survey Results

1) Enrollment
A total of 16,590 children were enrolled in the 46 Head Start programs sampled. Home-based options within these programs served 2180 (13%) of these children.

*2) Handicapped children
Twenty percent (443) of the 2180 children served in these home-based programs were handicapped. Only four programs served handicapped children under the age of three. Other programs reached handicapped children indirectly, providing services to younger siblings as well as the target child.

3) Grant applications
Thirty-four of the forty-six programs surveyed (76%) reported that they had checked the home-based option on their grant application. The remainder had not done so.

*4) Length of time program had provided home-based option

Number of Years	Number of Programs
More than 5	1
5	1
4	7
3	15
2	14
1	7

Table 1

5) Center attendance

Thirty-nine programs (87%) required that children served by home-based programs also attend a Head Start center. Six programs did not provide this service; it was optional in one program.

*6) Frequency of attendance in centers

Frequency of attendance	Number of Programs
1 day/week	15
2 days/week	5
2-3 days/week	4
Do not attend at all	3
1-2 days/week	2
2 days/month	2
1 day/month	2
Every other week	1
5 weeks in spring	1
3 times/year	1
4 days/week	1
Special activities	1
Split sessions (2 days in center, 2 days at home, alternating groups)	1
No response	6

Table 2

*7) Ages of children served

Ages of children	Number of Programs
3 - 5 years	20
3 - 4 years	11
4 years	1
3 - 6 years	3
4 - 5 years	2
5 years	1
3 - 4.5 years	1
3 years	1
2.9 - 6 years	1
Birth - 5 years	1
Birth - 3 years	1
No response	2

Table 3

8) Reasons for choosing children for home-based programs

Reasons	Number of Programs
Distance from center	16
Parental choice	10
Special needs of family and children	10
Handicapped child	8
No center facility available	6
Lack of transportation	3
Experimental program	2
Money available to program	1
Income of parents	1
First year before school	1

Note: Several programs gave more than one answer to this question.

Table 4

9) Training

Most programs reported a number of sources were utilized in training staff members; only one program reported that it did no training at all. Specialized inservice training was offered by twenty-five programs. Fourteen programs trained their home-based staff with their Head Start staff.

Training Site	Number of Programs
Specialized institutions	11
Colleges and universities	10
HSTC, Millville, Utah	7
HSTC, Portage, Wisconsin	5
Regional and state training programs	5
HSTC, Parkersburg, W. Virginia	4
HSTC, Russellville, Arkansas	4
HSTC, Reno, Nevada	3
Huntsville, Alabama	3
Local and national workshops	3
HSTC, Tazewell, Tennessee	2

Table 5

PART II: SITE VISITS

Survey Methodology

Nineteen site visits, each two to three days long, were conducted by the CFI staff and consultants from November 1976 through February 1977. The primary purpose of these visits was to gather basic information about the size and nature of the home-based options within the programs visited. The information reported here represents responses given by personnel working in the programs visited and does not reflect the opinions of the site visitors.

Several criteria were developed to ensure a sample of home-based Head Start programs which were as diverse as possible:

1) wide OCD distribution among OCD regions (eight regions were included);

2) size variation (from 50 to 250 families were served by the home-based programs in the sample);

3) representation of urban and rural programs (eight rural programs, seven urban programs, 1 with both urban and rural families, and three migrant programs were visited);

4) inclusion of new and long established home-based programs;

5) variation of program models (one program was totally home-based, while the other eighteen programs utilized a center as well).

Using the data from the OCD study which included the geographic areas with the highest concentration of home-based programs, CFI sent a brief questionnaire to selected OCD Regional Office staff members requesting their suggestions for programs to visit and outlining the selection criteria.[6]

CFI then contacted directors of the twenty home-based programs submitted which best met the criteria. Staff members of each program responded enthusiastically to the potential visit, and offered their cooperation in the survey effort.

CFI next developed a site visit tool[7] for use as the prime data collection

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[6]See Appendix C for sample form.
[7]See Appendix D.

instrument during these site visits. The site visit tool was designed to elicit statistical and other information about:

1) Program backgrounds

2) Program profiles

3) Changes program staff would like to have made and suggestions they gave for needed resources

Although twenty programs were initially identified and contacted, nineteen site visits were made.[8] Findings gathered from sixteen of those sites are reported in the first three sections of Part II. The three site visits to programs sponsored by the Texas Migrant Council are reported separately in the fourth section of Part II, since these programs were organized far differently than the rest of the sample.

Site Visit Results

Program Background

Site visits to sixteen home-based Head Start programs resulted in collection of the following information about the background and development of those programs.

1) Year home-based programs were initiated

Year	Number of Programs
1971	2
1972	2
1973	7
1974	2
1975	3

Table 6

[8]See Appendix E for a complete list of names and addresses of the nineteen programs visited.

2) Reasons for selecting home-based option

Reasons for selection	Number of Responses
Geographic isolation and related transportation problems	9
Belief that parent is prime educator	5
Parental interest and choice	3
Budgetary considerations	3
Lack of classroom space	2
Home Start Demonstration Program	2
Provide services for handicapped children	1

Note: Most programs cited two or more reasons

Table 7

3) Needs assessment

Fifteen of the programs reported that they had completed some type of needs assessment before starting their home-based program. Of the 15 programs implementing needs assessments, nine utilized formal mechanisms such as door-to-door surveys, questionnaires, the SAVI and Head Start Performance Standards, and the utilization of outside consultant teams. The program reporting no needs assessment indicated that implementation of the option was based on the premise that a larger number of children could be served with declining funds.

Types of Needs Assessment	Number of Responses
Formal	9
Informal	3
Based on local census data	2
Based on Head Start eligibility and geographic location	1
No needs assessment	1

Table 8

4) Involvement in decision to select home-based option

Group	Number of Responses
Staff	15
Policy Council	14
Families	8
Head Start administrators	7
CAP Board	4
Community representative	2
Community at large	2
HEW Grantee Officials	2
Note: Most programs cited several groups involved)	

Table 9

5) Types of publicity used to inform parents

The media, including television, radio, news releases, and fliers, were most frequently used to help make families aware of the availability of the home-based program option. Recruitment methods included door-to door and center-to-center canvassing, as well as contact with Head Start families.

Method of Publicity	Number of Responses
Media	20
Meeting with parent groups	10
Recruitment	6
Staff visitation to public agencies	5
Note: Most programs cited several methods	

Table 10

6) Involvement of Head Start Policy Council

Seventy-five percent (12) of the programs reported that the Head Start Policy Council learned about the home-based option prior to its implementation. One program staff explained the option to the Policy Council after it had been implemented as a temporary alternative. Two programs reported that the Policy Council had not been informed of the home-based program at the time the decision was made to adopt it.

Staff with home-based program expertise were most commonly utilized to educate Policy Council members about the option, while Regional Representatives, attendance at HSTCs, and workshops were also frequently mentioned.

7) Recruitment of families for the home-based program

Programs used a variety of methods to recruit families, including extensive use of media, door to door contact, special contact with public agencies, referrals, and Head Start recruitment efforts.

8) Criteria for selection of families

Selection Criteria	Number of Responses
Family meets Head Start eligibility requirements	9
Geographic considerations	5
Family preference	4
Family needs	4
Child's needs	2
Siblings of current or former Head Start enrollees	2
Parents at home during the day	1
Handicapped child	1

Note: Most programs cited two or more criteria

Table 11

9) Training for original home-based staff

Training Method	Number of Responses
Staff member with home-based experience trained staff	6
Preservice and inservice workshops	5
Staff attended an HSTC	4
Consultants and training from	
College or university	2
National Home Start Office	2
Regional OCD Office	1
DARCEE	1
CFRP (Salem, Oregon)	1
Far West Lab	1
No training available	1

Note: Some programs cited more than one method

Table 12

10) Usefulness of original training

Most of the programs visited indicated that the home-based training originally provided was good. One comment made was that training programs were effective in communicating what "not to do" in helping the staff "better focus on parents". Some felt that the training was oriented too heavily toward cognitive development and that more training was needed in social service casework.

11) Establishing initial goals

Most programs utilized staff and parents to develop general program goals. Individual family goals were usually decided upon after a needs assessment with the family and child was completed.

12) Problems in starting the home-based program

Staff-related problems were cited most frequently as causing difficulties early in the development of the program. These problems included newness of the program, insufficient time for planning and training, overwhelming problems faced by participating families, feelings that staff had to change enrolled families rather than building on their existing strengths, inadequate supervision of home visitors, and reluctance of staff to go into homes.

Parent-related problems included reluctance to participate, and the need to convince parents that the program was viable.

Problems in starting	Number of Responses
Staff-related problems	10
Parent-related problems	5
Transportation	1
Determining home activities	1
Little guidance from OCD Regional Office	1
Uncertainty about overall goals and evaluation techniques	1
Note: Some programs cited more than one problem	

Table 13

13) Changes which would have helped in starting a home-based program

Changes desired	Number of Responses
More time for preservice training and planning	10
Field training in making a home visit	1

Changes desired (cont'd.)	Number of Responses
More research before implementing the program	1
Staff visits to other programs	1
Better understanding of home-based philosophy	1
More time to work with families	1
More group experiences for children	1

Table 14

14) Successes in starting the home-based program

Programs were especially pleased with their successful initial involvement of parents, including helping them to develop techniques in child development, and to understand the value of learning concepts.

Successes in starting	Number of Responses
Successful involvement of parents	5
Effective utilization of community resources	3
Successful involvement of Policy Council	1
Good training on homemade educational materials	1
Good recordkeeping system	1
Establishment of a toy and book lending library	1
Selection of excellent home visitors	1
Utilization of a mobile classroom	1

Successes in starting (cont'd.)	Number of Responses
Curriculum planning	1
Excellent recruitment technique	1

Table 15

Program Profiles

The findings in this section represent data collected on the operations of the sixteen home-based programs at the time the sites were visited.

1) Number of children served by the Head Start program

Number of Children Served	Number of Programs
0 - 100	2
101 - 200	5
201 - 300	2
301 - 400	1
401 - 500	1
501 - 600	5
601 - 700	1

Table 16

2) Number of children served by the home-based program

Number of Children Served	Number of Programs
1 - 50	4
51 - 100	8
101 - 150	2
151 - 200	1
201 - 250	0
251 - 300	1

Table 17

3) Number of families served by the home-based program

Number of Families Served	Number of Programs
1 - 50	5
51 - 100	7
101 - 150	3
151 - 200	0
201 - 250	1

Table 18

4) Target ages of children served by the home-based program

Target Age	Number of Programs
Birth - 7	1
4 - 5	1
4	1
3	1
3 - 4	3
3 - 5	9

Table 19

5) Increased service to younger children

An increase in service to younger children by the home-based programs was a significant finding of our site visits. Although none of the programs visited served any children in the birth to 2.9 age range at the time they first started operating, thirty-one percent of the programs were serving children in this age range at the time of our visits. While this increase may indicate a growing interest in utilizing the home-based approach to serve younger children, it is important to note that the majority of the programs visited (69 percent) still were serving no children from birth to age 2.9.

6) Handicapped children

Few handicapped children ages three to five were served by the home-based programs visited. Fourteen (88 percent) of the programs reported they served fewer than ten handicapped children. One program served twenty-six handicapped children, while another served eighty-four children.

The majority of the programs visited (88 percent) served no handicapped children from birth to 2.9. One program served four handicapped children in this age range, while another served one child.

7) Group experiences in Head Start centers

Fifteen of the sixteen home-based programs visited also provided enrolled children with regular group socialization experiences in Head Start centers. While most (88 percent) of the programs scheduled weekly home visits, a wider variation in frequency of children's center attendance was noted. While half of these programs offered group experiences to children once a week, children in the other programs attended centers ranging in frequency from a minimum of once every two weeks to a maximum of four days a week. Older children were scheduled in many programs to attend Head Start centers more frequently than younger children.

8) Home visitors

Home visitors and their contacts with families are clearly the key to successful home-based programs. The majority of the sixteen programs (69 percent) utilized between one and ten home visitors

as an integral part of their program.

Number of Home Visitors	Number of Programs
1 - 5	4
6 - 10	7
11 - 15	1
16 - 20	2
21 - 25	1

Table 20

9) Families served by each home visitor

Most of the home visitors (88 percent) served between ten to fifteen families each. In one program the number of families served varied between five and ten per visitor, while another program reported a fluctuating number of families served by each visitor.

10) Frequency of home visits

In 88 percent of the programs, home visits were made once per week. Visits were made every other week in one program, and three times a month in the other program in this survey.

11) Length of home visits

The length of home visits ranged from thirty minutes to two hours. The majority (56 percent) of visits were reported to last from one to one and one-half hours. Four programs reported visits from thirty minutes to one hour, two programs reported one to two hour long visits, and another reported visits ranging from forty-five minutes to two hours.

12) Training for home-based program staff

Almost all of the programs visited responded that they were involved in providing some type of home-based training for

staff members. Only one program reported that little home-based training was available, while one program reported that it does no regular inservice training.

Seven of the programs reported preservice home-based approach training sessions that ranged in length from one or two days to one month. Two of the programs reported that their preservice training for home-based staff was a part of the regular Head Start training program.

One-half of the programs reported that they were continuing to provide some type of inservice training for home-based staff. Frequency of training ranged from one session per month to one training session per week (length of training sessions varied among programs).

Eight of the programs who provided training utilized their own staff and other local resources. Five other programs cited staff attendance at an HSTC while three of the programs mentioned OCD Regional Offices and local universities as home-based training providers.

13) Problem areas in programs

Inadequate funding was the problem cited most often by the programs surveyed (seven of twenty-five responses). Related problems included the need for more staff to reach more families, and reduce oversize caseloads for home visitors. Problems with the supervision of home visitors and home visits were cited by five programs.

The third most pressing problem was the need for more staff training. Particular training needs mentioned included: 1) how to make a home visit, 2) how to plan effective lessons, 3) how to deal with depressing home conditions, 4) how to deal with timid home visitors and 5) how to integrate all the Head Start components into the program.

Parent-related problems were cited equally as often as training needs, with particular mention that distance limited parent participation, isolated parents needed more socialization, parents were often not at home for scheduled visits, and some parents felt that the home-based program was second in importance to the center-based program.

Other needs expressed included, improvement of the nutrition program, improvement of the recordkeeping system, more planning time for curriculum and home visits, and training regarding how the Head Start performance standards relate to the home-based program.

Program Changes and Suggestions

1) Changes programs would like to make

Improvement of the training program was cited by four of the fifteen home-based programs as a change they would like to make. Specific improvements desired included the use of more consultants for training, development of programs that interest fathers, an observation program for teachers, and the exposure of the staff to other home-based programs.

The next most frequently cited changes revolved around the home-based staff. These three respondents mentioned the need to have staff who worked in the home-based program only, more time for home visitors to meet together, better supervision of home visitors and the creation of a central place for visitor supplies.

Other needed changes cited by programs were the improvement of the nutrition and parent involvement components and more funds for salary increases and additional staff. More frequent home visits, development of more complicated materials for parents who have been in the program for a number of years, additional services for younger children and their parents, use of more video tapes and other audio-visual learning devices, and the development of better communication system among all program staff were listed as changes needed in individual programs.

2) Programs' perceptions of accomplishments

The home-based programs visited cited a number of particularly successful aspects of their services to families. Parent and family involvement in the program was felt to be successful by 44 percent of those visited. A number of programs felt that they were extremely successful in getting parents involved in home teaching, the major thrust of the home-based approach. One program noted growth in the development of the total family unit through the home-based program. Two programs felt especially good about the career development opportunities they offered, and that they had been able to encourage a number of parents to pass the GED exam.

Three programs felt that they were particularly successful in offering supportive services for infants and toddlers, and two were successful in cultivating positive staff attitudes through the home-based program. Staff of one program were excited about

the many variations on the standard Head Start model they could offer through the home-based option, and gave the use of a mobile classroom as an example. Other successes cited included two excellent home-based training programs and a monthly newsletter for parents which was provided by one program.

3) If they could start again

When asked, "If you were to start again, would you still opt for a home-based option?" the overwhelming response was "yes". Only one program responded negatively to this question.

The major reason cited by the fifteen home-based programs was they felt the home-based option offered parents and families. Benefits to families included 1) improvement of parenting skills, 2) an overall increase in parent involvement, 3) occasion for isolated parents to meet other parents in the program, 4) career development opportunities offered parents, 5) possibilities for father involvement, and 6) the program focus on education where it should be -- the parent. Many programs noted family involvement success by bringing the family and teacher together, meeting the overall needs of the family, and providing services to a wide age range (infants, toddlers, Head Start children, older siblings).

Continuing the home-based option was seen by three programs as important primarily because they serve a community need. The home-based programs in some communities have helped develop better rapport between the community and the Head Start program, and have fostered more community development.

The one program that responded negatively to this question did so because staff implemented the home-based program in addition to their full time center-based duties. Most of the staff felt overwhelmed and were convinced that they were unable to offer a quality home-based program in this manner.

4) Resource and training needs

Additional training and technical assistance were cited as primary needs by eleven of the programs visited. Specific training needs were in the areas of working with parents, lesson planning, father involvement, integrating home teaching with group experiences, home observation, and setting goals and objectives.

Two other frequently cited needs were for more money and information on how to increase funding (six programs) and help with and information on the nutrition component (four programs). Other resource needs listed by two of the programs included help with evaluation tools and more information on other home-based programs. Assistance

in developing a newsletter, general information on Home Start, curriculum materials, parent guides, home made toys, materials for health and safety and fliers for distribution written in Spanish were individual program needs. (Many programs responded more than once.)

Texas Migrant Council Programs

The unique nature of the home-based programs operated by the Texas Migrant Council necessitated a separate descriptive report. Our site visits involved three of the seven Head Start programs operated by the Texas Migrant Council, San Benito, Weslaco, and Brownsville.

These three programs, primarily center-based Head Start programs, serve Spanish speaking children of Mexican culture. The San Benito program serve seventy children, while eighty-two children were enrolled in the Brownsville program and eighty-seven were served by the program in Weslaco. The target age cited by all three programs was four year old children. One program reported that it served five children ranging in age from birth to 2.9. They were operating from October to May; during the months of March through May however, the families in all three of the centers usually migrated out of the area to work in agricultural jobs in other states.

All three programs were using the standard Head Start model in which all children participate in a center-based program. Within this model, one Community Aide (C/A) was utilized as a home-based facilitator in each center. The Community Aides visited Head Start programs and families Monday through Thursday and used Friday for planning and interaction with other Community Aides. Home-visits were usually thirty to forty-five minutes in length and involved direct work with parents on monthly packets sent home with the children which covered all Head Start component areas and selected child development issues. The C/As also worked with families on particular needs and concerns, many of which were directly related to the culture and lifestyles of the families.

The Texas Migrant Council was one of the sixteen sites included in the original Home Start Demonstration Program. The three Community Aides had worked with the Home Start program operated by the Council from 1971-1974, during which time they were Home Visitors. When the demonstration program ended, the Policy Council decided to continue the home-based idea by modifying the original Home Start model and by using the former Home Visitors as Community Aides in the center-based programs.

The Community Aides thus had much experience in the philosophy and objectives of Home Start. Training for the C/As was originally supplied through the National Home Start Conferences in San Diego, St. Louis, and Phoenix. In addition, they were attending in-service training sessions

once a month in the Head Start component areas. Consultants and social service agency staff in neighboring communities were additional sources of training and support. In all cases, the Community Aides felt the training they received was useful in enabling them to meet the unique needs of the population they served.

Although the model used in the three Texas Migrant Council sites visited differs greatly from the standard Home Start home-based approach, it has been carefully designed by the Texas Migrant Council staff to provide culturally relevant, comprehensive services to the children and families of these rural Mexican-American migrant communities using a combination center and home-based approach.

PART III: INSIGHTS ON HOME-BASED PROGRAM STRENGTHS AND NEEDS

The data findings reported in Parts I and II were based solely on the comments and responses from staff of the home-based programs telephoned or visited. Because this study was undertaken to gather specific information about existing home-based programs, every attempt was made to avoid subjective assessments of the quality level of those programs.

Although avoiding subjective program assessments was a prime goal during telephone interviews and site visits, OCD indicated that a discussion of the emerging and/or existing common strengths and areas of need of Head Start home-based programs would be very useful. Therefore, Part III contains a collection of opinions and insights regarding the national home-based effort from knowledgeable individuals, including:

- The National Home Start Director,
- National Home Start Support Staff,
- Site visitors used in this study (many of whom were Home Start staff during the demonstration phase)[9],
- Staffs of the six Home Start Training Centers,
- OCD Regional office staff members familiar with the home-based effort (HSTC and Community Representatives)

These people are in positions to offer uniquely knowledgeable and accurate assessments of the strengths and needs of many home-based programs. The opinions and insights of these individuals, steeped in knowledge accumulated from years of experience with home-based programs, greatly enhance the value of this report.

Asked the same or similar questions as those in the site visit survey, these respondents provided their perceptions about common strengths, areas of need, key training and supervision issues, assessments of the home visits, and their recommendations for improvements needed to strengthen the Head Start home-based effort. There was much agreement among the responses, particularly on training issues, home-based program needs and issues in supervision and home visitor support.

The remainder of this report summarizes responses and opinions from those people cited above concerning the national home-based effort.

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[9]See Appendix F.

Common Strengths of Head Start Home-Based Programs

1) Extending comprehensive services beyond the enrolled children to the entire family is a primary strength of all home-based programs.

2) Home-based programs tend to have dedicated, talented home visitors who are concerned about the families they serve.

3) Home-based programs tend to foster visible accomplishments with parents in areas such as new patterns of child rearing, communication and community involvement.

4) Staff members of home-based programs tend to have a good working knowledge of the community.

5) Most home-based programs employ staff members who are knowledgeable about basic Head Start philosophy and guidelines.

6) Growing parent involvement in teaching their children seems to be a strong point of home-based programs.

Program Weaknesses

1) Most home-based staff are trained to teach children rather than to work with adults; they tend to have problems in maintaining a parent focus in delivering services.

2) Many programs lack adequate supplies for their home visitors to use with families.

3) Many home-based programs (particularly those in isolated areas) lack community resources which could help meet diverse needs of families.

4) Parents in home-based programs tend to need better orientation to the home-based philosophy.

5) Home-based programs tend to need more coordination in the delivery of services to families

6) Respondents overwhelmingly agreed that the lack of field supervision of home visitors by supervisors and/or specialists was a common weakness of home-based programs.

7) Home-based staff are often not included in planning for implementation of the program and are often not adequately supported in their role by administrators once the program is adopted. This often results in a weakening of services.

8) Staffs of home-based programs (particularly home visitors) share a unique vulnerability to feelings of isolation and lack the camaraderie and support that most center-based program staffs take for granted.

9) Home-based programs tend to operate at a disadvantage since many Head Start parents are more familiar with child-centered, center-based programs than they are with family-centered, home-based programs. Parents often don't see their role as teachers of their children, and tend to view Head Start teachers as experts.

Reasons Programs Adopt the Home-Based Approach

1) Most programs conduct some form of family and community needs assessment.

2) Most programs select the home-based option for such reasons as perceived cost effectiveness, loss and/or lack of proper facilities, and lack of adequate transportation.

3) A lack of facilities which could meet state day care licensing regulations is a frequent reason given for adopting the home-based option.

4) Strong recommendations for home-based programs from Community Representatives influenced many programs to adopt the home-based option.

Key Training Issues and Needs of Home - Based Programs

Responses concerning key training needs tended to fall into two major categories, 1) home visitor training needs, and 2) administration/supervision training needs.

1) Home visitor training needs and issues

a) There is no typical home visitor nor are there definable requirements for a good home visitor.

b) Home visitors must be trained to become adult educators.

c) Home visitors need training in the development of comprehensive individualized well-planned developmental home visits.

d) Making a home visit and merely visiting a home are entirely different.

e) Home visitors need more training in showing parents how to work with their children.

f) Home visitors need more training in conducting family needs assessment and developing action plans.

g) Home visitor training should provide adequate field experience in home visiting.

h) Home visitor training should include techniques for motivating parents.

i) Training in delivery of the nutrition component is needed for home visitors.

j) Home visitors should be trained in ways to involve the total family (indluding siblings and other extended family members) in teaching.

k) Home visitors need training in ways to incorporate all Head Start components into the home visit.

l) Home visitors should have training in good recordkeeping techniques.

m) Home visitors need training in ways to stimulate children's creativity and initiative.

n) Home visitor training should stress that parents-- not children-- are the focus in a home-based program.

o) Home visitors need training in how to organize time and activities during the home visit.

2) Administration and supervision training needs

a) Training in how to effectively supervise and observe home visitors before, during, and after home visits is needed for supervisors.

b) Administrators need training in how to make the transition to home-based programs, and how to coordinate classroom and home-based activities.

c) Administrators need training in conducting community needs assessments.

d) Training in how to effectively administer and monitor home-based programs is needed.

e) More training in recordkeeping and in planning regular, relevant inservice training and support for home-based staff is needed.

f) Administrators and supervisors need training in methods for parent education.

g) Administrators need training in organizing and maintaining an effective parent group.

h) Training in ways to provide support to home-based staff through regular, frequent conferences is a real need.

i) Administrators need training in how to manage staff, time, and other resources effectively in home-based programs.

j) Administrators need training in how to plan and implement a complete preservice and inservice training plan for home-based staff.

k) Administrators and supervisors need training in the principles of adult education and how to maintain a parent focus throughout the program.

l) Administrators need training in how to familiarize parents with the roles and responsibilities in different Head Start options.

m) Administrators need training in ways to involve parents in all stages of planning and implementation of the home-based program.

Key Issues in Supervision and Home Visitor Support

1) More supervision of home-based staff is needed, especially regular observation during home visits.

2) More peer supervision (home visitors accompanying one another on home visits) needs to occur.

3) Supervisors need to provide more supportive guidance and direction for home visitors.

4) Supervisors need a firm grasp of the home-based philosophy.

5) Improved utilization of program specialists as support to home visitors is needed.

6) Supervisors need to attend the same training programs (particularly those at HSTCs) as home visitors.

A Summary of Perceived Major Needs of Home-Based Programs

- Programs need to conduct thorough need assessments and familiarize parents with all Head Start options and the home-based philosophy before adopting the home-based option.

- A comprehensive system of training is needed in order to effectively implement local home-based Head Start programs. This includes comprehensive home-based training for home visitors and administrators/supervisors. Home-based staff need both initial training experiences and field-based follow-up training.

- Administrators need a comprehensive understanding of the operation of home-based programs and of the need for supportive supervision of home visitors.

- A good support system is needed in each program, particularly through provision of inservice training.

- Home-based programs need sufficient funds to obtain quality pre- and inservice training to effectively operate a home-based option.

- There is a general need for home-based staff to come into contact with other home-based staff periodically, both for support and reinforcement, since the home visitor's job is often isolated.

- There is a need to reinforce the home-based philosophy (parent as prime educator) with home-based staff, particularly those from center-based programs, and to stress the adult focus with them.

- Generally, there is a need for greater in-home observation and evaluation of home visitors by supervisors and other colleague home visitors (peers) and for better advocacy and support for home-based staff.

- There is a need for greater involvement of parents in all stages of planning and implementation of home-based programs.

PART IV: CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The major conclusion which can be drawn from the data reported in this study of Head Start home-based programs is that home-based programs throughout the country could benefit greatly from better and more frequent home-based training, supervision, and support for their home-based staffs. With few exceptions, each data source tapped in this report stressed the need for more diversified and accessible home-based training, and more frequent supervision -- particularly in-home supervision -- of home visitors.

Comprehensive home-based training should be designed to: 1) provide a solid grounding for all program staff in the home-based philosophy of the parent as the prime educator of the child; 2) reinforce this parent-focus through an understanding of adult education principles; 3) make possible comprehensive, individualized, developmental, parent-focused home visits; and 4) insure the ability of administrators and supervisors to effectively plan, support and supervise the implementation of a parent-focused home-based program. If the sixteen Home Start demonstration programs (1972-75), with their extensive national T/TA support, needed two or more years to become quality programs, Head Start home-based programs such as those studied in this report need, and will continue to need for some time, effective home-based training and support if they are to become quality programs.

Head Start programs also need to carefully examine their reasons for adopting the home-based option. Informing parents about the different Head Start options from which to choose, each with its unique roles and responsibilities for parents, appears to be a necessary first step, but one which is not always taken. The quality of needs assessments conducted by Head Start programs considering the home-based option appears to be another area for improvement in many programs. Although our data showed that the majority of Head Start programs surveyed did conduct some type of needs assessment before offering home-based services, it is not known whether these assessments were conducted after parents understood their choices, including the advantages and disadvantages of each option, before their selection was made. This survey revealed that a seemingly disproportionate amount of stress is placed on cost factors, and other factors such as lack of a center facility or transportation problems, often creating a "home-based as a last resort" feeling in the decision-making process. The findings in this report lead to the conclusion that by making sure parents understand the home-based philosophy and its expectations of them, and by involving parents in all stages of planning and implementation of the home-based option, a greater degree of parent-involvement and a successful parent-focused program could be achieved by more home-based programs.

Finally, the findings in this report clearly document the growing popularity of the home-based option within Head Start. The documented

successes of the Home Start demonstration program revealed by the National Home Start Evaluation: Final Report, FINDINGS AND IMPLICATIONS, March 1976, appear to have contributed greatly to the apparent institutionalization of the home-based, parent-focused approach to providing comprehensive Head Start services to families. Each year the number of Head Start programs choosing the home-based option will undoubtedly continue to grow. As the number of home-based programs increases, so will the need for better planning, more careful needs assessments, high quality training for home visitors and administrators, and support in the supervision and implementation of all phases of the home-based operations, including increased financial support.

Recommendations for Improving the Delivery of Home-Based Head Start Services

Based on our findings and drawing on the knowledge and experience of those individuals cited in Part III of this report, the following recommendations are offered to assist Head Start programs and policymakers at national and regional levels as they attempt to meet present and future challenges of the home-based effort within Head Start.

Training Recommendations for Home-Based Programs

- Head Start programs should be required or at least strongly encouraged to obtain comprehensive home-based training for both home visitors and administrators at a Home Start Training Center prior to the implementation of the home-based option.

- Supervisors and administrators should be required to attend preservice and inservice training sessions at an HSTC with the home visitor staff.

- Local program specialists should be trained to provide more curriculum planning and other technical assistance for home visitors.

- Regional providers of T/TA should assist in the planning and coordination of inservice training for local home-based programs following the initial training at an HSTC.

- At least 20 percent of home-based staff time (one day per week) should be set aside by home-based programs for staff inservice training and support, to help reinforce the parent focus of the program.

- HSTCs should conduct more training sessions at the local program site, including actual home visits, to demonstrate how home visiting can and should work in the home visitors' own areas with their own families.

- HSTCs could more effectively improve their outreach procedures and the needs assessments conducted prior to and during each training session, both on- and off-site.

- Home-based program staff should be required to receive preservice training prior to each program year to help avoid midstream program changes.

Administration and Supervision Recommendations for Home-Based Programs

- Strengthening the support system throughout the Head Start agency, particularly in the area of continual inservice training and use of specialists would lead to improved home-based program services.
- Administrators should require that they and their home-based staff carefully review research material and other available information prior to writing proposals and/or initiating operations.
- Home-based administrators should ensure that they and their staff are aware of available community resources, enabling them to be advocates for more services for their families.
- Excessive or unnecessary records, forms, and paperwork for home-based staffs should be reduced or eliminated.
- Administrators should strive to assure the parent focus of home-based programs through regular and frequent supervision of home visits.
- Home-based administrators should guide and support home visitors on an ongoing basis to help prevent staff "burn-out."
- Home-based staff should be included in all phases of planning for the implementation of the home-based option.
- Administrators and supervisors should be thoroughly trained in the home-based philosophy and implementation to ensure an effective home-based program.

Policy Recommendations for Home-Based Programs

- There should be written guidelines for home-based programs included in the Head Start performance standards. Specific home-based requirements should be identified in the Self-Assessment Validation Instrument used in Consolidated Management Reviews of Head Start programs.
- The role of the Head Start Policy Council in a home-based program should be more clearly defined.
- A competency-based Child Development Associate type credential, designed for home-based staff, would help document the specific qualifications and expectations of home visitors (i.e., parent-focused, adult educators) and would help ensure well qualified home-based staff.
- Increased funding for additional HSTC staff would enable HSTCs to do more initial home-based training at local program sites, and more follow-up training once trainees have returned to their programs, particularly in regions that don't house an HSTC.

- Salaries for home-based staff, particularly home visitors, should be increased, or at least should be equivalent to salaries for Head Start teachers.

- The advantages of the home-based option should be more widely publicized, particularly at the regional level. Regional providers of T/TA should be more informed about the home-based effort.

APPENDIX A

Home Start Training Centers

West Central West Virginia Community Action
Association, Inc.
804 Ann Street, P.O. Box 227
Parkersburg, WV 26101
(304) 485-4455
Coordinator: Bernice Andrews

Clinch-Powell Educational Cooperative
P.O. Box 233
Tazewell, TN 37879
(615) 869-3605
Director: Desmond Tarter

Portage Project/Milwaukee
412 East Slifer
Portage, WI 53901
(608) 742-5342 or (414) 562-8600
Co-Directors: David Shearer, Deborah Cochran

ARVAC, Inc. (Arkansas River Valley Area Council)
Home-Based Training
Arkansas Polytechnic College
P.O. Box 1358
Russellville, AR 72801
(501) 968-6493
Director: Joanne Braddy

Bear River Community Action Agency
67 South Main Street
Millville, UT 84326
(801) 753-0951
Director: Sheri Noble

Community Services Agency of Washoe County
P.O. Box 10167
Reno, NV 89510
(702) 329-6182
Director: Jack Peters

APPENDIX B

Home-Based Programs by OCD Region

The following is a regional breakdown of the number of home-based programs and the number of children served in those programs, taken from "Full Year Programs (1976): Survey of Head Start Handicapped Effort."

OCD Regions	Number of Home-Based Programs	Number of Children Served in Home-Based Programs
I	15	320
II	15	401
III	33	1,060
IV	48	2,233
V	57	2,499
VI	30	1,598
VII	20	1,056
VIII	16	263
IX	24	546
X	22	1,095
IMPD	3	1,108
TOTAL	283	12,179

APPENDIX C

Form Sent to OCD Regional Offices

"Suggested Head Start Home-Based Option Programs"

Name of Respondent _____

Region _____ Date _____

1) Name of program suggested for visitation by Children First -

_____

Address of Program _____

Contact Person (name & phone) _____
(include area code)

Program's Community Representative _____
(and phone)

Please check those categories below that most accurately describe this program:

_____ Rural Program

_____ Urban Program

_____ Large Program

_____ Small Program

_____ Home-Based Option is less than one year old

_____ Home-Based Option is more than one year old

_____ Completely Home-Based Option Program

_____ Predominantly White

_____ Predominantly Black

_____ Predominantly Indian or Migrant

_____ Racially and Ethnically Integrated Program (Describe)

_____

_____

_____ Program Operates Mixture of options (center and home)

_____ Other Description or Comment: (Please include other factors influencing your suggestion of this program. Use back if necessary.)

_____

_____

For purposes in this Region, of the _____ programs we are suggesting be visited, this program ranks number:

1 2 3 4 5 6 7 8

Highest Priority — Lowest Priority

(circle one)

Thank you!

APPENDIX D

Site Visit Tool / Head Start Home-Based Option

Name of Program_____

Date of Visit_____

_____
Site Visitor

10/76

Site Visit Tool / Head Start Home-Based Option

THE FOLLOWING QUESTIONS DEAL PRIMARILY WITH THE HOME-BASED OPTION WITHIN HEADSTART PROGRAMS. BASICALLY WE WANT TO ATTAIN INFORMATION AS TO THE BACKGROUND AND CURRENT STATUS OF THE HOME-BASED OPTION. PLEASE BE SPECIFIC IN YOUR ANSWERS.

I. BACKGROUND

1) When did the program go home-based?_____(month/year)

2) Why did the program go home-based? (Be specific.)_____

3) Was a needs assessment made to determine if there was a need, or a desire for a Home-based Delivery System? If yes, describe the process and attach any forms used. If no, explain why not._____

4) Who was involved in making the decision to go home-based? (e.g. families, staff, etc...)_____

5) How were families, agencies and the larger community made "aware of", "educated about" the the home-based option?_____

6) Was the policy council "educated" about this option? If yes, how?_____

7) How were families recruited?_____

8) What criteria were used for selection?_____

9) a. How were staff prepared (trained) and recruited? (Describe the orientation to this new option.)

b. Who provided the original training for your program?_____

_____

c. How useful was this training?_____

_____

10) How were goals and objectives decided upon? By whom? (e.g. program, families, components, etc...)

_____

_____

_____

11) Were there any particular problems in starting the program? If yes, describe them._____

_____

_____

12) What things would you have done differently?_____

_____

13) Please describe any especially successful things you did in starting the program._____

_____

_____

14) Home-based option

These questions pertain to your home-based component when you first started.

Number of families served_____

Number of children served-- ages birth - 2.9 inclusively_____

Number of children served-- ages 3 - 5 inclusively_____

What is the age of your 'target' child_____

Number of handicapped children-- ages birth - 2.9 inclusively_____

Number of handicapped children-- ages 3 - 5 inclusively_____

Number of single parent families served_____

Number of home visitors_____

Number of families per Home Visitor_____

Length of home visits_____

Frequency of home visits_____

II. PRESENT

A) PROGRAM/INFORMATION

1) How many children are served by your total Headstart program?:_____

Within this number, how many children are served by center-based programs?_____

Within this number, how many children are served by home-based programs?_____

2) If there are discrepencies in the figures, please explain (e.g. children alternative between programs and are therefore counted in both, etc...)_____

_____

_____

B) HOME-BASED OPTION

Describe what your home-based program looks like now.

Number of families served_____

Number of children served-- ages birth - 2.9 inclusively_____

Number of children served-- ages 3 - 5 inclusively_____

What is the age of your target child_____

Number of handicapped children-- ages birth - 2.9 inclusively_____

Number of handicapped children-- ages 3 - 5 inclusively_____

Number of single parent families served_____

Number of Home Visitors_____

Number of families per home visitor_____

Length of home visits_____

Frequency of home visits_____

C) a) Where , how and how often is the staff trained for the home-based option? (Be specific-- e.g. pre-service, in-service, etc.)_____

_____

_____

b) Who provides the training?_____

_____

c) How useful is the training?_____

_____

D) How do you evaluate your training? Your program?_____

_____

_____

E) What problem areas are there in your present home-based program? Please describe them._____

_____

_____

F) What things (if any) would you like to do differently?_____

_____

_____

G) Please note any especially successful things you are doing now._____

_____

_____

H) If you were to start again, would you still opt for home-based? Why? (Be specific.)

If yes, what would you do differently in planning, training, etc.

I) What kinds of resources (from the National or Regional Offices or the Home Start Training Centers--or other source) would you find helpful?

APPENDIX E

Names and Addresses of Home-Based Programs Visited

Benton-Franklin Head Start
1175 Goethals Drive
Richland, WA
(509) 946-4639
Director: Gary McLain

Inter County Community Council
P.O. Box 67
Oklee, MN
(218) 796-2325
Director: Lowell Emerson

Head Start Child Development Corp.
4606 North 34th Avenue
Omaha, NE
(402) 453-6500
Director: Ruben Funderburk

Southeast Kansas Community Program, Inc.
110 North Ozark
P.O. Box 128
Guard, KS
(316) 724-8204
Director: Bud Corn

E.O.C. of Yolo County Head Start
511 Main Street, #320
Woodland, CA
(916) 666-0981
Director: Daisy Liedki

Dallas County Community Action Committee, Inc.
(Head Start Program)
2208 Main Street
Dallas, TX
(212) 749-2121
Director: Wanda Smith

Rockford Area Community Action Association
404 North Avon Street
Rockford, IL 61103
(815) 987-5685
Director: Coretha Collins (at the time visit was made)
Dorothy Redd (current)

Huntington West Virginia Head Start
1139 4th Avenue
Huntington, WV
(304) 525-5154
Director: Mary Jane Bevins

Northwest Tennessee Economic Development Council
Route 3
Union City, TN
(901) 352-2254
Director: Eric Dupree

Wilmington Delaware Head Start
1103 North Madison Street
Wilmington, DE
(302) 655-7241
Director: Mae Codwell

Douglas Cherokee Head Start
Alcoa Education Building
Alcoa, TN
(615) 983-6400
Director: Janice Eby

Top of Alabama Regional Education Service Agency
2603 Leeman Ferry Road S.W.
Huntsville, AL 35801
(205) 533-5955
Director: Dr. Kyo Jhin

Dane County Par. Council Inc.
802 Williamson Street
Madison, WI 53713
(608) 251-5420
Director: Kwame Salter

Community Action Countil of Snohomish County - Head Start Program
P.O. Box 1185
Everett, WA 98200
Director: Betty McIntosh

Broome County Head Start
29 Fayette Street
Binghamton, NY 13901
(607) 723-8313
Director: Donna Arnold

P.E.A.C.E., Inc. (Head Start Program)
117 Gifford Street
Syracuse, NY 13202
(315) 475-0176
Director: John Anastasio

Weslasco Head Start Center
P.O. Box 538, 103 Grace
Weslasco, TX 78596
(512) 968-9424
Director: Juan Cortes

San Benito Head Start Center
P.O. Box 171, 140 Diaz Street
San Benito, TX 78580
(512) 968-6046
Director: Gloria Luna

Edcouch Head Start Center
P.O. Box 707
1015 Santa Rosa
Edcouch, TX 78538
(512) 262-1231
Director: Domingo Flores

APPENDIX F

Head Start Site Visit Consultants

Arnoldo Benevides
H- Route 2, Sevilla Park
Edinburg, TX 78539
(512) 382-7803
W- Head Start Regional Training Office
Pan American University
Edinburg, TX 78539
(512) 381-2571

Jim Brudney
H- 1447 Chapel St., Apt. #304
New Haven, CT 06511
(203) 865-4846

Coretha Collins
Present business
and home address
unknown.

Dr. Allana Elovson
H- 442 8th Street
DelMar, CA 92014
(714) 755-3850
W- 348 West Market Street
San Diego, CA 92101
(714) 234-6194

Bill Locke
H- Route 1
Box 269
Bean Station, TN 37708
(615) 767-2395
W- Clinch-Powell Educational Corp.
P.O. Box 233
Tazewell, TN 37879
(615) 626-9270 or 869-3605

Berdine Maginnis
W- 1615 California Street
Room 206
Denver, CO 80202
(303) 543-3517

Barbara Providence
H- 70C Eastern Circle
New Haven, CT 06513
(203) 397-1168
W- 197 Dixwell Avenue
New Haven, CT 06511
(203) 787-0209

Paulette Spicer
H- 5011 Lumary Drive N.W.
Huntsville, AL 35810
(205) 852-0690

Danny Wilks
W- 525 School Street S.W.
Washington, DC 20024
(202) 554-9170